



Dr. Garth Graham  
Deputy Assistant Secretary for Minority Health  
Office of Minority Health  
1101 Wootton Parkway, Suite 600  
Rockville, MD 20852

February 16, 2010

Dear Dr. Graham:

The National Association of Deans and Directors of Schools of Social Work (NADD) would like to express its sincere appreciation for your visionary leadership, for the groundbreaking National Plan for Action, and for making it possible for interested parties such as NADD to provide feedback to you and your office. NADD is an organization that advances effective leadership and innovation in education, research, and service and consists of over 200 graduate social work programs throughout the country. NADD is committed to contribute to a diverse and culturally competent health work force that can help you make an impact in the elimination of health disparities.

The attached comments on OMH's National Plan for Action were written by a distinguished group of deans and directors from NADD's Task Force on Health Disparities (see list of names below). The Task Force consists of more than 30 leaders of social work education programs who look forward to your presentation at the upcoming Annual meeting in Naples, FL.

Your unparalleled commitment and expertise are critical in addressing one of the most pressing issues of our time. We would be delighted to collaborate with your office in implementing and evaluating your national plan for action.

Sincerely,

Alberto Godenzi  
President, National Association of Deans and Directors of Schools of Social Work

*NADD Health Disparities Task Force:*  
Edwina Uehara, Dean, University of Washington (co-chair)  
James Herbert Williams, Dean, University of Denver (co-chair)

*Reviewers of National Plan for Action:*  
Steven Huberman, Dean, Touro College (coordinator of NADD's response)  
Bruce Friedman, Director, CSU Bakersfield  
Salome Raheim, Dean, University of Connecticut  
Billie Terrell, Director, University of Saint Francis  
Norma Thomas, Director, California University of Pennsylvania

## **Comments on OMH’s National Plan for Action Changing Outcomes – Achieving Health Equity**

Since the 2002 landmark report of the Institute of Medicine, the United States has recognized the importance of developing and implementing strategies to reduce unequal health care and treatment. Despite the fact that the United States spends more than any other country on health care, dramatic disparities and significant inequalities persist. Health inequalities particularly affect the 13% of the United States population who are African American and the 15% who are Hispanics—while the burdens are borne by all.

The National Plan for Action is an outstanding blueprint for how to move forward. NADD and its Task Force on Health Disparities applauds the report’s emphasis on achieving health equity benefits for all Americans, redressing inequalities in health and health outcomes, and creating and sustaining a diverse and culturally competent workforce capable of effectively serving the service needs of our diverse populations and communities. We strongly support OMH’s strategy to increase the diversity and cultural competence of the healthcare workforce through recruitment and retention of racially, ethnically, and culturally diverse individuals.

### ***Chapter 2: The Current Context***

The report does an admirable job of providing context and describing the range and complexity of factors that comprise the causal web of health disparities.

Recommendations:

- *Emphasize the importance of addressing discrimination and institutional racism.* In addition to acknowledging the added influence of race, over and above SES, on poor health, we recommend that the plan place more emphasis on redressing the pathogenic effects of institutional racism and discrimination on health disparities. Emerging evidence points to discrimination and institutional racism as major stressors, linked directly to stress and poor health.
- *Underline the importance of prevention, “upstream” interventions, and non-medical risk factors.* Building on its discussion of the role of preventive care in improving America’s health, the plan could place more emphasis on the importance of strengthening natural social contexts as a fundamental preventive strategy for addressing health disparities. Evidence suggests that where we live, learn, work, and play determine our chances and opportunities for being healthy and for making healthy choices. For example, there is increasing evidence that efforts to redesign workplaces to diminish stress and accidents, and improve the safety

and quality of housing in poor neighborhoods may have a substantial impact on health and mental health.

- *Emphasize the importance of behavioral health.* The discussion of behavioral health would be strengthened by acknowledging the large body of evidence implicating psychosocial factors—social isolation, stress associated with adverse life events, lack of control over one’s life—as pathways between social status, health, and health disparities. Behavioral health expenditures, currently at \$57 billion, are now the fourth-highest component of the nation’s health care costs. While an estimated 11% of U.S. citizens experienced a serious mental health problem last year, less than half received treatment. The access problem is exacerbated for many minority populations—for example, 18-25 year old African American males are the least likely group to receive needed behavioral health services.
- *Expand the description of workforce to include the role played by social workers in providing critical behavioral health and health care.* The social work profession—one of the most racially/ethnically diverse in the nation—has a long, steadfast commitment to redressing disparities and to improving quality of life and quality of health care to historically underserved and socioeconomically disadvantaged populations and communities. Of the more than 600,000 professional social workers in the United States today, the majority (50 percent) practice in behavioral health or health care settings. Social workers are found in hospitals and clinics, in schools and housing units, in senior centers and nursing homes, in public and private agencies—and in every community across the nation. Social workers provide clinical and care coordination services, link clients with resources, develop and test programs, and advocate for public policies focused on the enhancement of health and well-being of vulnerable populations. As the health profession positioned at the nexus between patient and service systems, social work can and must play a pivotal role in the elimination of health disparities.

### **Chapter 3: Strategies, Benchmarks, Actions, and Measures**

The participatory process used to develop the National Plan for Action lays the groundwork for continued inclusion of communities that experience health disparities. The cultural and linguistic competency related objective and strategies are particularly strong and consistent with the current knowledge base.

Recommendations:

- *Emphasize factors that compound racial-ethnic health disparities, including, but not limited to gender, age, socio-economic background, sexual orientation, and disability.* Integrate strategies for heightening awareness to address these inequalities and their intersectionalities.

- *Broaden the objective to reduce disparities in educational attainment.* Addressing issues much earlier in the educational process has the potential to positively affect the long-term goal of improving high school graduation rates. Educational disparity exists in many communities from the time the child enters first grade.
- *Strengthen efforts to tackle health disparities in rural America.* Specific issues of rurality and regional differences must be integral parts of cultural competence. Include traditional community healers as part of the process since "folk" practitioners are often the first people that local people go to for help.
- *Provide opportunities for community leaders to train health care professionals as to what will work and not work in each community.* Such a bottom up approach will also inform the development of tool kits to train health care professionals. Members of professional communities such as social work programs will be available to work with community leaders in designing and evaluating such tools.
- *Partner with professional programs such as social work, nursing, and medicine to increase content in the area of health/mental health and disparities and increase placement opportunities in these areas.*

#### **Chapter 4 & 5: Implementing the National Plan & Evaluating Progress**

With respect to implementation, we commend your emphasis on the role of the communities that are most in need of adequate health care. The plan's emphasis on neighborhood involvement is ideal, as is the proposed Board of Advisors. Partnerships and collaboration on all levels is crucial.

#### Recommendations:

- *Emphasize the importance of recruiting diverse membership for voluntary boards, especially by including people from those communities that are most affected by health disparities.*
- *Prior to implementation, there should be added clarity around the staffing, resources, and accountability of boards and partners.*